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ABSTRACT

As part of the community service program of a community college, courses in world literature were taught to residents of two nursing homes on a non-credit, tuition-free basis. This paper explains the origin of the project, course organization, types of subjects taught in response to student needs, and types of evaluative instruments completed by the instructor, by nursing home personnel, and by students in order to determine the effectiveness of the program. The paper also points out the potential value of such programs in helping prevent senility, noting the current theories that the processes of senility can be arrested and even reversed. It shows how such programs can be designed to meet the primary needs of nursing home residents and describes results of the program evaluation and their implications for future program planning and design. Copies of the evaluation forms for instructors, nursing home personnel, and students are included. (GW)

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AN ENGLISH DEPARTMENT OF A COMMUNITY COLLEGE CAN SERVE THE NURSING HOME RESIDENT

Madeleine Bryant Lewis

My paper needs a preface--one that explains the genesis of my particular study.

When taking a required doctoral internship seminar at Florida State University several years ago, I had to prepare a mini-prospectus for which I had to research an unexplored subject in my area of interest. One day, in desperation, I discussed with one of my professors the difficulty of producing an idea both different and significant. I had had any number of ideas, but whenever I checked them out in the Dissertation Abstracts I found they had been exhausted.

This sympathetic professor reminded me that I had once told her about a project being conducted by the community college where I taught. It was a community service provided the residents of a nursing home by the English Department of the college. She suggested I consult with my major professor to determine whether or not some study could be made of this project to prove the value of such an experimental program.

My major professor was skeptical. He raised some practical questions such as what kind of evaluative instrument could possibly be devised to measure the success or failure of such programs. But he did permit me to pursue the subject for the doctoral internship seminar. He even made appointments for me with two psychologists on the campus. They, in turn, recommended my making use of the instructional staff of the school of nursing on my own community college campus. And when I did so, the nurses were exceedingly encouraging. In addition to hundreds of volumes and pamphlets on geriatric care, they provided me with the kind and degree of concrete advice I needed.

Eventually I found myself involved in a fascinating study that exposed me to problems I had not known existed, to needs that I had not been aware an English department could meet, and ultimately, to the realization that I not only had material for a mini-prospectus, but for the dissertation itself.

* * * * *

For this occasion I had originally intended to go through my dissertation and select those portions which would tell the account of a particular community service project for nursing home residents and provide an assessment of it. I thought this would be no trouble at all. But on rereading the dissertation I found the language so dreadfully pedantic I was embarressed. I concluded that I should, instead, recount simply how the project began, what the theories were behind it, and how it was eventually evaluated.

Wallace Community College in Dothan, Alabama, had in 1974 an aggressive young man in charge of community services. He was always searching for means of expanding the college's community service program. He concluded that the two nursing homes in Dothan provided the richest area for development. He had been aware of the enthusiasm evoked in the nursing home residents by other programs provided by the college's glee club and its drama group. Rather than offering only such individual programs, he wished to

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experiment with non-credit, tuition-free courses for the nursing home residents. He discussed his idea of a possible world literature seminar in the nursing homes with several instructors in the English Department who he felt might be qualified to direct the pilot course. Luckily, one of the instructors volunteered for the job. He was indeed qualified to inaugurate this program. He had had a popular world literature course on the college campus. He not only knew his material, he knew how to present it, having been trained in drama and speech. He happened also to be a licensed Methodist preacher and a student of music. And since one of the nursing homes, Wesley Manor, was directed by the Methodist Church, this instructor had occasionally preached to its residents and had given musical programs for them for several years prior to 1974. Therefore, many of the residents of this nursing home already knew him. And, most importantly of all, the instructor had that essential qualification for directing such a program successfully: the ability to interact with the elderly. He was, furthermore, filled with zest for his subject, a quality he was able to communicate to whatever age audience he had. However, he insisted that for the first quarter he confine the experiment to just one of the two nursing homes. Understandably, he chose Wesley Manor.

The instructor decided that for his trial course it would be far more interesting for his "students" if materials above and beyond the ordinary fare were to be the basic subject matter. When he first showed me his syllabus, I was incredulous and told him so. He had selected the Odyssey, the Aeneid, Sophocles' Theban Plays, some Chinese poems, a Japanese play, and four short stories from African Writing Today for the material to be covered in the first quarter. He assured me he could present it in such a way that the residents would enjoy it and would participate in discussions concerning it. I remained skeptical, but he proved to be correct--certainly as far as the program at Wesley Manor was concerned. (But it should be pointed out here that Wesley Manor was a unique situation with many retired school teachers among its residents.)

At the first class meeting fourteen students appeared--eleven women and three men whose ages ranged from 69 to 94--and the instructor met with them very informally. He learned their names and something about each one. He discussed the kinds of subjects that would be covered and how, and assured them there would never be any outside reading or any other work required. This was a factor that had concerned them because many of the nursing home residents were no longer able to read for any sustained period of time, and some not at all. He asked for their suggestions as to how they would like the material presented (i.e., did they want any audio or visual aids used). He came away from that first meeting pleased with the degree of interest shown.

At the second meeting, the first actual class period, the number of residents present had almost doubled and the attendance was to remain relatively stable with 25 or 26 present for each class for that quarter and for the three quarters that followed in the experimental program at Wesley Manor.

The classes met for an hour one afternoon each week. The time was chosen by the nursing home activities director who knew when the residents would be most alert and when there would be no con-

flicting activities. There was a comfortable, cheerful, well-lighted lounge to be used for the classes and the instructor came to appreciate the importance of the setting after he had tried holding classes in makeshift rooms at the second nursing home in Dothan. The instructor taped each program including the discussion period that followed the lecture so that later, when the project was being evaluated, there was concrete evidence of the response of the nursing home residents. They asked questions, they related what had been the subject of the lecture to their own experiences, and they were eager to explore the subject further.

After one full quarter at Wesley Manor, the instructor agreed to undertake a similar program at the Dothan Nursing Home. The residents of this home were more heterogeneous in educational backgrounds and the instructor was aware that he might have to alter his program accordingly. He did not, however, alter the subject matter, only the approach. And he found there was no difference in student response. These residents were as eager for a learning experience as those at Wesley Manor had been.

Before setting up a syllabus for the second quarter, the instructor asked his students at each nursing home for suggestions for material to be covered. This was in early 1975 and there was interest in the coming bicentennial. Someone at Wesley Manor requested a whole quarter of American literature and the others agreed that they would prefer that to any other subject. The instructor went about setting up a program for both nursing homes that would incorporate Americana with such writers as Poe and Hawthorne along with the poetry of some very minor figures of the 19th century. In both nursing homes the preference was for American literature and particularly for the work of southern writers. Surprisingly, the residents in both homes preferred poetry to prose.

In the course of the second quarter, the instructor discovered that many of the students had written poetry at Wesley Manor. He discovered, too, that they wished encouragement in their attempts with verse. He, therefore, suggested that any who wished to do so should bring their poems to the next class. He was astonished to receive dozens! Some of the handwriting was almost impossible to decipher and some of the verse was on a par with Edgar Guest's. But the remarkable fact was that they wanted to write and needed only encouragement to do so. The response was much less at the Dothan Nursing Home as far as original verse was concerned, but the residents there delighted in having poetry read to them. They, too, preferred it to fiction or drama.

The community service program for nursing home residents at Wesley Manor had just begun when I became involved. For several months I spent much of my time in that nursing home or in conferences with the nursing instructors at Wallace Community College. With the help of the latter I was able to set up an instrument designed to determine the effectiveness of the nursing home program. One evaluative instrument was for the instructor. It consisted of two parts, one filled out on each student at the beginning of the series of classes, the second part completed at the termination of the series. Another evaluative instrument was completed by the activity director and the head nurse in each nursing home. The same form was filled out by them twice: once at the beginning of the series, then again at its

conclusion. A third evaluative instrument was completed by the residents themselves when the series had ended. For those incapable of filling in the "yes" or "no" answers, the instructor did it for them after asking the questions of them individually.

When all of the forms had been completed they were submitted to a jury of experts--the thirteen nursing instructors at the community college.

There is not time to go into the details and purposes of these questionnaires now, but I do have copies of them if anyone is interested and you may wish to have some points clarified. It will be noted that the evaluative instrument completed by the activity director and the head nurse contained the kind of questions needed to assess the alertness of the residents. Of particular concern was whether or not there was any carry-over of the material. For example, did the residents discuss the classes at the dinner table. (It was determined that many did.) The theory of the nurses was also that if a resident became involved in such a learning experience the benefits of it would be reflected in the resident's attention to his grooming, in his greater interest in other residents, and even in his appetite.

In researching the needs of the elderly I came upon a recent medical discovery that was to have a profound effect on my study and, hence, on any program designed for nursing home residents. This discovery was the fact that processess of senility can be arrested or reversed. Two geriatric authorities made significant statements concerning this fact:

> It is no longer possible to declare that senility is caused by organic and biological problems and therefore cannot be changed or modified. Everything can be changed or modified, and seemingly helpless elderly patients can be helped, to some extent at least, to live more productive lives. (Dr. S. Mouchly Small, as reported in Pat Vosburg, "Treating the Psychologically Disturbed Geriatric Patient," A Conference Report of Proceedings on Reality Orientation held August 25-27, 1969, at the State University of New York at Buffalo.)

Perhaps the theory with the most implications for any study of the role of community colleges in serving nursing home residents is that senility is not an irreversible process as it has long been assumed to be. One psychiatrist accused the public of letting itself be

> brainwashed into thinking that there are very erudite and definite explanations for senility. We speak freely of arteriosclerosis of the brain.....We are told that we lose millions of neurons every day from our brain cells so that our brain shrinks in measurable proportion to our years, and for that reason alone we must expect irreversible changes in old age. These ideas are so fixed that even when dramatic studies indicate there is no relationship between actual, visible brain changes and functions in elderly people, we tend to overlook those results. (Muriel Oberleder, M.D., "Emotional Breakdowns in Elderly People," Hospital & Community Psychiatry 20 (July 1969): 21-22.)

I had been directed to this material by two professors in the Psychology Department at Florida State University who explained to me that senility is actually an emotional breakdown in elderly people. Anxiety, it is now thought, underlies all senile symptoms and, in fact, causes them. In old age people experience loneliness, ill health, and other stressful situations which invariably lead to an emotional breakdown. But "were we to restore the normal props of living to elderly people, we might very well do away with senility." (Ibid.) If one has an emotional breakdown at 30 or 40 or 50, he is sent to a psychiatrist. If he has one over 60 he is considered senile.

This now commonly-held theory by recognized geriatric specialists makes evident how community service programs can be designed to provide one of the needed props for the nursing home residents. And, more significantly, it dispenses with the traditional concept of community service programs for the elderly being only for those mentally alert. In each nursing home there were several residents attending classes who were considered "senile." But it might be pointed out that only on one occasion did the irrationality of a resident disturb the class, and then only momentarily.

The nursing instructors at the college explained to me the program of Reality Orientation which they taught their nursing students when studying geriatric care. This program, which is designed to halt or--in many instances--reverse the process of senility, fitted in completely with the kind of community service project the college was undertaking in the nursing homes. The project could aid in the prevention of senility by providing the nursing home residents with sufficient opportunity to become involved. The residents needed something to do. They needed ample human contact. And the instructor of the classes at the two nursing homes found that the classes could easily be designed for their involvement and for their enjoyment. He found that discussions which included all members of a group are of immeasurable help to the elderly. These discussions can develop in many directions and can be organized so that the participants not only enjoy the socializing with their peers and with their program director, but they benefit from the mental exercise involved.

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My study concluded that the primary needs of the nursing home resident are belongingness and love needs and the need for self-esteem. Therefore, any series of programs designed for residents of nursing homes should be oriented toward evoking their interest and participation. By becoming involved in a learning experience that has meaning for the individual resident, that resident can achieve the satisfaction of the belongingness and love needs and the need for self-esteem.

To determine the student's needs, an instrument is first needed on which can be recorded by the head of the nursing staff of the nursing home those characteristics of each resident which most clearly reveal his mental and psychological health. The instructor found that he needed this information before the first class in any series of programs so that he could familiarize himself with the characteristics of the individual student.

The results of the evaluation by the instructors and the residents in these experimental programs made forcibly evident that the most effective means of reaching the student was through the human contact. The students expressed a dislike of audio-visual aids, preferring a personal relationship with an instructor and a lecture-and-discussion approach to the material. It could be reasonably assumed that this preference is not just because of their daily exposure to television, radio, and--in several instances--talking books, but because they were brought up in an era without such media. When they were exposed to it, it was almost exclusively for entertainment. In their learning experiences they preferred the traditional.

My study also concluded that any instructor for the elderly must be committed to the philosophy of education for all and of education as a lifelong process. He should be a volunteer interested in working with the elderly and convinced of the importance of a community service program for nursing home residents. He must be flexible, understanding, and sympathetic. It is also essential that he be indoctrinated with current theories of geriatric care and with the psychological needs of the elderly.

Another conclusion of my study was the importance of the commitment of the administrator and the activity director of the nursing homes to the success of the learning experience for the residents. There must be complete understanding between the college and the nursing home. It was proven vital that avenues of communication be kept open and operative between the two. This was always the case with Wesley Manor, but it took two full quarters of classes at the Dothan Nursing Home before the instructor received the cooperation from the administrator and the nursing staff that he needed. Any nursing home should welcome the nonprofessional assistance of volunteer English instructors because it cannot always hire the professional staff needed to administer an adequate activity program without creating additional costs for its clients. And there are federal funds available under Title III to pay a small supplement to the instructors in community service programs of this type.

The most notable finding on the evaluative instrument completed by the head nurse of each nursing home was that between the time of the completion of the form at the beginning of the experiment and the time of its completion at the end of the experiment–a period of one year at Wesley Manor and nine months at the Dothan Nursing Home–there had not been any evidence in either nursing home of a resident who had participated in the experimental series of programs having regressed in any single area. On the contrary, the results were more encouraging than had been anticipated.

Many ideas were formulated during the experimental programs concerning the residents' needs and how most efficiently to meet them. It was clearly evident that an English department had much to offer in the way of subject matter and instruction which, combined with a dedication on the part of the instructors and cooperation from the nursing homes, provided a pleasurable and satisfying learning experience for the majority of the residents.

If, however, there is insufficient supportive evidence for the conclusion that the experimental programs did aid in the postponement or the reversing of senility among the nursing home residents, there is sufficient evidence that the programs provided a satisfying learning experience for the majority of the participating residents. This should be justification, indeed, for continuing the programs and for striving to increase their effectiveness. If there is any means by which the English department of a community college can provide a pleasurable and satisfying learning experience, it should be developed and utilized.

FORM A

Name of resident : _____

1.	Is resident a part of a group?	Yes ___ No ___
2.	Does resident have a tolerant, easy-going attitude toward others?	Yes ___ No ___
3.	Does resident underestimate his ability?	Yes ___ No ___
4.	Does resident have a tendency to overrate his abilities?	Yes ___ No ___
5.	Is resident able to take life's disappointments in his stride?	Yes ___ No ___
6.	Is resident able to laugh at himself?	Yes ___ No ___
7.	Is resident able to accept his own shortcomings?	Yes ___ No ___
8.	Is resident able to deal with most situations that come his way? Is he adaptable?	Yes ___ No ___
9.	Does resident get satisfaction from the simple everyday pleasures?	Yes ___ No ___
10.	Does resident consider the interest of others?	Yes ___ No ___
11.	Is resident able to like and to trust others?	Yes ___ No ___
12.	Is resident able to establish relationships that are satisfying and lasting?	Yes ___ No ___
13.	Does resident respect the differences he finds in others?	Yes ___ No ___
14.	Does resident feel a sense of responsibility to his fellow residents?	Yes ___ No ___
15.	Is resident able to accept responsibilities for his own immediate needs?	Yes ___ No ___
16.	Is resident able to plan ahead realistically?	Yes ___ No ___
17.	Does resident welcome new experiences and ideas?	Yes ___ No ___
18.	Does resident make use of his natural abilities?	Yes ___ No ___
19.	Does resident set realistic goals for himself?	Yes ___ No ___
20.	Is resident able to think for himself and make his own decisions?	Yes ___ No ___
21.	Is resident well-groomed?	Yes ___ No ___
22.	Is resident self-centered?	Yes ___ No ___
23.	Is resident's appetite good?	Yes ___ No ___

FORM B

(PART I)

Name of resident: _____

1. Is resident attentive?
2. Does resident show interest in the classes?
3. Does resident ask questions or otherwise participate in the classes?

(PART II)

1. Has there been a noticeable increase in resident's attentiveness in class?
2. Does the resident indicate greater interest in the classes?
3. Does resident show a greater degree of participation in the classes through questions and by involvement in class discussions?

FORM C

Name of resident: _____

1. Have you enjoyed the classes? Yes___ No ____

2. Would you like to have the classes continued? Yes___ No ____

3. Do you think these classes have helped you to expand your interests? Yes___ No ____

For the instructor: It is hoped that in discussions with the residents you will inquire as to whether or not they would enjoy the courses as much if they were on video-tape. What time of day and how long a period do they prefer? Are the facilities being used for the courses satisfactory as far as the residents are concerned; i.e., are the residents able to see and hear and are they comfortably seated? Do they feel you are personally interested in them?

Any taped comments or written comments you might make would help immeasurably–either those volunteered by the residents or in answer to your questions.